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BIBDATASHEET

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APPLICANTS										
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** CONTINUING DATA **********************************										
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met Verified and Acknowledged Acknowledged					DR	RAWING CLAIMS 26 58		CLAIMS 11		
ADDRESS 41396 DUANE MORRIS LLP P. O. BOX 1003 305 NORTH FRONT STREET, 5TH FLOOR HARRISBURG , PA 17108-1003										
TITLE Heat transfer device and method of making same										
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	No. to charge/credit DEPOSIT ACCOUNT (time)									
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